

Farm Bureau Membership Application

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

DBA/Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____

Business Phone Number: _____

Fax Number: _____ Email: _____

(Please check one)

I would like to join as: Individual Corporation Partnership

Only individual members receive the Accidental Death and Dismemberment Policy as a part of their membership.

(Please check one)

I would like to receive my mail at the: Home address Business Address

To determine your level of membership, please select yes or no in response to the following statement:

I now receive income or expect to receive income within the next year from Agricultural related activities. Yes No

Your Occupation: _____

Please select preferences for us to contact you: Email Phone Mail

**Please mail application to:*

**California Farm Bureau Federation 2300 River Plaza Drive
Sacramento, CA 95864 Attn: Membership**